## MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) **CLAIMS** AFTER AFTER **AS FILED** AFTER AFTER **AS FILED** 1"AMENDMENT 2 AMENDMENT I"AMENDMENT 2 <sup>™</sup> AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. <u>56</u> <u>65</u> ·93 TOTAL IND TOTAL IND. TOTAL DEP TOTAL DEP

U.S. DEPARTMENT of COMMERCE

TOTAL CLAIMS

PTO - 1360 (REV. 11/04)